

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="text-align: center; font-family: cursive;">09936489</div>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1								
2				1		1							
3				1		1							
4				1		1							
5				1		1							
6				1		1							
7			1		1								
8				1		1							
9			1		1								
10				1		1							
11			1		1								
12				1		1							
13				1		1							
14				1		1							
15				1		1							
16				1		1							
17				1		1							
18				1		1							
19				1		1							
20			1		1								
21				1		1							
22				1		1							
23				1		1							
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.		↓	7	↓	7	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	14	↓	11	↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			21		18		TOTAL CLAIMS						